

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4501 CERTIFICATE OF DEATH

64455

Reg. Dist. No.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be signed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Dorchester		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge		c. LENGTH OF STAY IN 1b 30 yrs.	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Cambridge	
d. STREET ADDRESS Maryland Avenue Extended		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Rosa Lee Adams		First Rosa	Middle Lee
3. NAME OF DECEASED (Type or print) Rosa Lee Adams		Lost Adams	4. DATE OF DEATH April 10
5. SEX Female		6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> b. DATE OF BIRTH WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> December 4, 1863
8. AGE (In years last birthday) 96 yrs.		9. IF UNDER 1 YEAR Months 0 Days 0	10. IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13. FATHER'S NAME William Johnsen		14. MOTHER'S MAIDEN NAME Elizabeth Merris	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	INFORMANT Miss Pauline Adams
			Address Cambridge, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH 2 days	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 442 X		DUE TO Uremia	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b)		Arteriosclerotic cardio vascular renal disease 20 years	
DUE TO (c) --- --- ---			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.) --- --- --- --- ---	
20c. TIME OF INJURY Hour o. m. 19 p. m. --- --- ---		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) --- --- --- --- ---
20f. (City or town) --- --- --- --- ---		(County) --- --- --- --- ---	(State) --- --- --- --- ---
21. I certify that I attended the deceased from 3-31-41 , 19, to 4-10-60 , 19, that I last saw the deceased alive on 4-10-60 , 19, and that death occurred at 10.15 P.M. from the causes and on the date stated above.		ADDRESS (Street, city or town, state) --- --- --- --- ---	
ACTUAL SIGNATURE Eldridge H. Wolff		DATE SIGNED 4-11-60	
PHYSICIAN'S NAME (Type) Eldridge H. Wolff, M.D.		22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
		22b. DATE THEREOF April 13, 60	22c. NAME OF CEMETERY OR CREMATORIAL Bloomery Cemetery
		22d. LOCATION (City, town, or county) Federalsburg, Md.	(State) R. F. D.
23. FUNERAL DIRECTOR'S SIGNATURE Sharon Bellinson		24a. REC'D BY REGISTRAR DATE APR 19 '60	24b. REGISTRAR'S SIGNATURE Arthur S. Kraus

444

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4522 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

64456

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Dorchester		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge		c. LENGTH OF STAY IN 1b 6 mos. 5 days			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Eastern Shore State Hospital		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mardela			
3. NAME OF DECEASED (Type or print) George		First B	Middle Asmus		
4. DATE OF DEATH April 21, 1960		Month April	Day 21		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH December 18, 1876		
9. AGE (In years last birthday) 83		10. IF UNDER 1 YEAR Months 83	11. IF UNDER 24 HRS. Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer		10b. KIND OF BUSINESS OR INDUSTRY —			
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13. FATHER'S NAME Rudolph Asmus		14. MOTHER'S MAIDEN NAME Margarete Asmus			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Unk.		16. SOCIAL SECURITY NO. 212-08-7681			
17. INFORMANT Address —		RECORDS: Eastern Shore State Hospital			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]					
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) 4.20.0 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO OLD CEREBRAL HEMORRHAGE (c)					
CORONARY EMBOLUS ARTERIOSCLEROTIC HT. DISEASE INTERTROCHANTERIC FRACT OF RT. HIP					
INTERVAL BETWEEN ONSET AND DEATH 5 MIN.					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					
20. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.				21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .	
20c. TIME OF INJURY Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) Washington	(County) D.C.
22. BURIAL, CREMATION, REMOVAL (Specify) Cremation					
22b. DATE THEREOF 4/23/1960		22c. NAME OF CEMETERY OR CREMATORIAL Fair Lincoln Cemetery		22d. LOCATION (City, town, or county) Washington	
23. FUNERAL DIRECTOR'S SIGNATURE Benner R. Gloumer Cambridge		24a. REC'D BY REGISTRAR APR 25 '60		24b. REGISTRAR'S SIGNATURE Arthur S. Thrus	
VS. ATSMEDS SMA 9/55		DATE SIGNED 4/21/60			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

64457

4523

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute it on a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the Funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form PM3. Page 5 may be retained for reference.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <i>Baltimore</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Maryland</i> b. COUNTY <i>Baltimore</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Secretary</i>		c. LENGTH OF STAY IN 1b <i>all life</i>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Secretary</i>	
d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First <i>THOMAS</i>	Middle <i>ALVA</i>	Last <i>COLBOURN</i>
4. DATE OF DEATH	Month <i>4</i>	Day <i>-10</i>	Year <i>1960</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>JULY 19 '79</i>
9. AGE (In years last birthday) <i>50 yrs.</i>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Former Janitor</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Janitor</i>
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Thomas J. Colbourn</i>		14. MOTHER'S MAIDEN NAME <i>Fannie Wright</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? <i>No</i>		16. SOCIAL SECURITY NO. <i>17. INFORMANT</i>	
17. INFORMANT <i>John T. A. Colbourn, Secretary</i>		Address <i>1000 E. Pratt Street, Baltimore, Maryland</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) <i>420.1</i> DUE TO <i>Coronary occlusion</i>			
Conditions, if any, which gave rise to immediate cause (b) <i></i>			
DUE TO (c) <i></i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)			
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. <i>19</i> p. m. <i></i>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) <i>Baltimore</i> (County) <i>Baltimore</i> (State) <i>Md.</i>	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/>			
ACTUAL SIGNATURE <i>John Mace Jr.</i>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) <i>JOHN MACE JR.</i>		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Cremation</i>		22b. DATE THEREOF <i>4/13/60</i>	
22c. NAME OF CEMETERY OR CREMATORIAL <i>East New Market</i>		22d. LOCATION (City, town, or county) <i>East New Market, Md.</i> (State) <i>Md.</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>John S. Hickey</i>		24a. ADDRESS <i>East New Market</i>	
24b. REC'D BY REGISTRAR <i>APR 13 '60</i>		24c. REGISTRAR'S SIGNATURE <i>John S. Hickey</i>	
VS. A15ME(S) 5M 9/55			

520.1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dkt. No. 458

4502

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the Certificate, writing the word "pending," in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your records.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation or removal.

N		4502		067	
9. PLACE OF DEATH a. COUNTY		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE	
Dorchester		Cambridge		MARYLAND	
		c. LENGTH OF STAY IN lb 2 days		b. COUNTY	
				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
				X 14 Hodesdale	
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS	
		Cambridge—Maryland Hospital			
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print)		First	Middle	Last	4. DATE OF DEATH
Phillip		Lounds	Collision	Month	Day
5. SEX		6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	Year
Male		White	WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	May 27, 1895	19 60
9. AGE (In years last birthday)		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
64 yrs.		Employee State Roads Commission of Md.		11. BIRTHPLACE (State or foreign country)	
				Dorchester Co., Maryland	
				12. CITIZEN OF WHAT COUNTRY?	
				U.S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME	
Thomas W. Collision				Ola Owens	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Name, no. or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT	
No		Unknown		Mrs. Lloyd Murphy, Rhodesdale, Maryland	
Address					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Shock		INTERVAL BETWEEN ONSET AND DEATH	
824 X		DUE TO		2 days	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		(b) Paralytic ileus		2 days	
DUE TO		(c) Multiple fractures spine and ribs		2 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
Fell from grader.					
20c. TIME OF INJURY		20d. INJURY OCCURRED		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
11:30 a.m. 4/11/60 19		While at work <input checked="" type="checkbox"/> Not while at work <input type="checkbox"/>		20f. (City or town)	
				(County) (State)	
				Church Creek, Dor., Md.	
21. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and find that death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/>					
ACTUAL SIGNATURE		<i>John Mace Jr.</i>		DATE SIGNED	
EXAMINER'S NAME (Type)		Dr. John Mace Jr.			
22a. BURIAL, CREMATION, REMOVAL (Specify)		22b. DATE THEREOF		22c. NAME OF CEMETERY OR CREMATORIAL Brookview Cemetery	
Burial		April 17, 1960		22d. LOCATION (City, town, or county) Brookview, Maryland	
				(State)	
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		24a. REC'D BY REGISTRAR	
		J. J. Frampton and Son, Federalsburg, Maryland		24b. REGISTRAR'S SIGNATURE	
				DATE APR 18 '60	
				<i>Charles E. Hause</i>	

902.5

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be rejoined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled out by the funeral director, Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 & 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4503

CERTIFICATE OF DEATH

05692

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE	
Dorchester MARYLAND		Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge		c. LENGTH OF STAY IN 1b Life	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Cambridge Maryland Hospital		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First Charles	Middle Marcus	Last Cornish
4. DATE OF DEATH	Month Apeil	Day 25	Year 1960
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH
Male	Negro	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	June 1, 1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Sea Food	
11. BIRTHPLACE (State or foreign country) Dorchester County, Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME James Cornish		14. MOTHER'S MAIDEN NAME Susan Jackson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 220-09-1386	
17. INFORMANT Edith Young, Cambridge, Maryland		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). 1561 Carcinoma of liver DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (b) DUE TO (c)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o.m. 19 p.m.		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/> of work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from April 11, 1960, to April 25, 1960, that I last saw the deceased alive on April 25, 1960, and that death occurred at M., from the causes and on the date stated above. ACTUAL SIGNATURE <i>J. Edwin Fassett</i> ADDRESS (Street, city or town, state) DATE SIGNED M.D. 227 Pine St-Cambridge, Md. 4-29-60			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial 4/29/1960 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORIAL Cordtown Cemetery 22d. LOCATION (City, town, or county) (State) Cordtown, Dor. Co., Md.			
23. FUNERAL DIRECTOR'S SIGNATURE <i>Verber W. McClellan Jr.</i>		24a. REC'D BY REGISTRAR Cambridge, Md.	24b. REGISTRAR'S SIGNATURE Arthur L. Thomas
ADDRESS Cambridge, Md.		DATE MAY 17 '60	

CERTIFICATE OF DEATH

2023

NAME:

ADDRESS:

CITY:

STATE/PROV:

ZIP CODE:

COUNTRY:

PHONE NUMBER:

EMAIL ADDRESS:

FAX NUMBER:

TELEGRAM NUMBER:

TELETYPE NUMBER:

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4504 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

64460

Reg. Dist. No.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute this certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial/transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

1. PLACE OF DEATH a. COUNTY Dorchester		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge		c. LENGTH OF STAY IN lb 26 years		a. STATE Maryland b. COUNTY Dorchester	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 112 Glenburn Ave.,		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge		d. STREET ADDRESS 112 Glenburn Ave.,	
3. NAME OF DECEASED (Type or print) Walter		First Edwin	Middle Gurby	4. DATE OF DEATH April 20, 1960	Month Day Year April 20, 1960
5. SEX Male		6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> b. DATE OF BIRTH WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> November 3, 1878	9. AGE IN YEARS (last birthday) 81 yrs.	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Minister		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Laurel, Del.	
13. FATHER'S NAME Jacob M. Gurby		14. MOTHER'S MAIDEN NAME Lovey J. West		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 219-36-7432 A		17. INFORMANT Walter E. Gurby, Jr., MD., Cambridge, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 450.0 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c)		CERONARY EMBOLUS		INTERVAL BETWEEN ONSET AND DEATH UNDET.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) HYPERTENSION, ESSENTIAL				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)			
20c. TIME OF INJURY Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/>					
ACTUAL SIGNATURE EXAMINER'S NAME (Type) ALFRED R. MARYANOV		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		DATE SIGNED 4/21/60	
22a. BURIAL CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Apr. 22, 1960		22c. NAME OF CEMETERY OR CREMATORIAL Evergreen Cemetery	
23. FUNERAL DIRECTOR'S SIGNATURE Katherine R. Shouey		ADDRESS Cambridge, Md.		22d. LOCATION (City, town, or county) Berlin, Md. (State)	
				24a. REC'D BY REGISTRAR DATE APR 25 '60	
				24b. REGISTRAR'S SIGNATURE Arthur S. Kraus	

HYBEE LER

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4505

CERTIFICATE OF DEATH

64462

Reg. Dist. No.

1. PLACE OF DEATH: a. COUNTY <i>Frederick</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Md.</i>	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <i>Cambridge</i>		c. LENGTH OF STAY IN 1b <i>several days</i>	
d. NAME OF HOSPITAL (if not in hospital give street address) OR INSTITUTION <i>Cambridge, Maryland</i>		e. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <i>Linkwood</i>	
3. NAME OF DECEASED (Type or print) <i>Henry House</i>		4. DATE OF DEATH Month <i>4</i> Day <i>28</i> Year <i>1960</i>	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>5/12/1877</i>	
9. AGE (in years last birthday) <i>82</i>		10. IF UNDER 1 YEAR IF UNDER 24 HRS Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY <i>Farmer - Retired</i>		11. BIRTHPLACE (State or foreign country) <i>Md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. FATHER'S NAME <i>John Henry</i>	
14. MOTHER'S MAIDEN NAME <i>Elizabeth Fletcher</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or No/known) <i>No</i>	
16. SOCIAL SECURITY NO <i>1703-9429</i>		17. INFORMANT <i>Spouse Henry, Cambridge, Md.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>782.4</i>		19. INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>	
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) <i></i>		20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) DUE TO (c) <i></i>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)	
20c. TIME OF INJURY Month <i>April</i> Doy. <i>8</i> Year <i>1960</i> Hour <i>a. m.</i> <i>19</i> p. m. <i></i>		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) <i>Cambridge</i> (County) <i>Md.</i> (State) <i>Md.</i>	
21. I certify that I attended the deceased from <i>April 8, 1960</i> to <i>April 28, 1960</i> that I last saw the deceased alive on <i>April 28, 1960</i> , and that death occurred at <i>6 A. M.</i> from the causes and on the date stated above. ADDRESS (Street, city or town, state) <i>6 Church St.</i> DATE SIGNED <i>John Nace Jr., M.D.</i>			
ACTUAL SIGNATURE <i>John Nace Jr., M.D.</i>		PHYSICIAN'S NAME (Type) <i>John Nace Jr., M.D.</i>	
22a. BURIAL CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>6/20/69</i>	
22c. NAME OF CEMETERY OR CREMATORIAL <i>East New Market</i>		22d. LOCATION (City, town, or County) <i>East New Market, Md.</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>John Nace Jr., M.D.</i>		24a. REC'D BY REGISTRAR DATE <i>MAY 4 '60</i>	
ADDRESS <i>6 Church St., Cambridge, Md.</i>		24b. REGISTRAR'S SIGNATURE <i>Arthur S. Kline</i>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 14 hours after death. Page 2 should be filed with the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled out, it should be detached for use as the burial/transit permit. Then please remove carbon papers. Page 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

64463

4508

CERTIFICATE OF DEATH

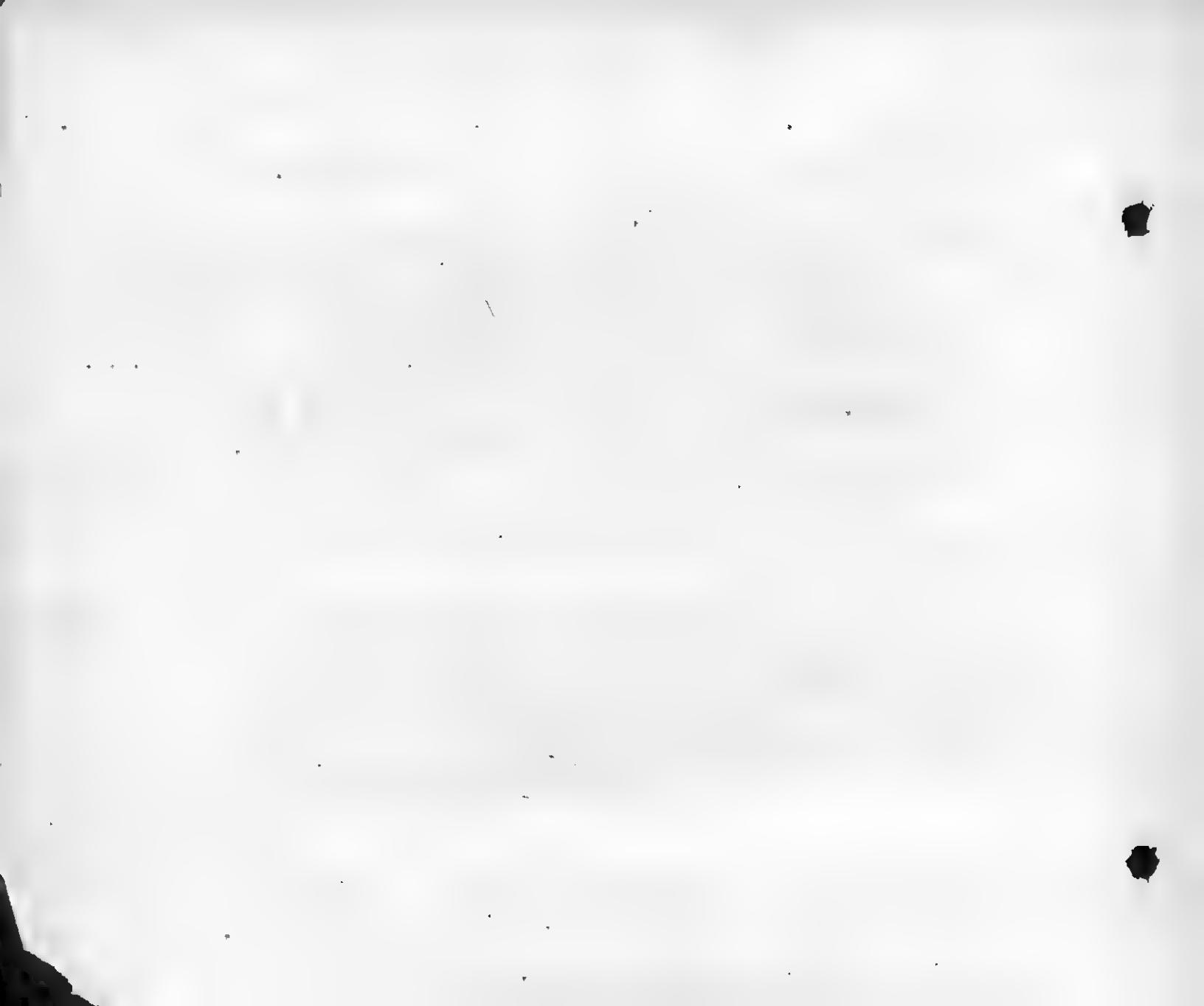
Reg. Dist. No.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be filed with
 page 3 there, be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with
 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 10/57

1. PLACE OF DEATH a. COUNTY Dorchester Co.		2. USUAL RESIDENCE (Where deceased lived if institution, Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge, Maryland		c. LENGTH OF STAY IN lb 14 Weeks	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Cambridge, Maryland, Hospital.		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Andrews, Maryland.	
d. STREET ADDRESS / None		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Arie		First	Middle
4. DATE OF DEATH 14 30 1960		Last	Month
5. SEX Male		6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>
8. DATE OF BIRTH 6/1/1908		9. AGE (In years last birthday) 51 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman		10b. KIND OF BUSINESS OR INDUSTRY Waterman	
10c. BIRTHPLACE (State or foreign country) Andrews, Maryland		11. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Charles H. Hughes		14. MOTHER'S MAIDEN NAME Manie Slacum	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no or unknown) No		16. SOCIAL SECURITY NO 220 10 6700	
17. INFORMANT Mrs. Eva Hughes; Andrews, Md.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma of stomach DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) with metastases DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 2 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from March 15, 1959 to Apr. 30, 1960 , that I last saw the deceased alive on Apr. 30, 1960 , and that death occurred on Apr. 30, 1960 A.M. from the causes and on the date stated above. ACTUAL SIGNATURE Lewis M. Burdette M.D. ADDRESS (Street, city or town, state) PHYSICIAN'S NAME (Type) Lewis M. Burdette Cambridge, Md. DATE SIGNED May 3, 1960			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 4/3/60	22c. NAME OF CEMETERY OR CREMATORIAL Wesley Churchyard
22d. LOCATION (City, town, or county) Andrews, Md.		(State)	
23. FUNERAL DIRECTOR'S SIGNATURE Le Compte Funeral Service, Cambridge, Md.		ADDRESS	24a. REC'D BY REGISTRAR DATE MAY 5 '60
			24b. REGISTRAR'S SIGNATURE Arthur S. Kraus



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4503

CERTIFICATE OF DEATH

64464
Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <i>Dorchester</i>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived if institution, residence before admission) a. STATE <i>Md</i>		b. COUNTY <i>Dor</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Cambridge</i>		c. LENGTH OF STAY IN b <i>11 days</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Frederick</i>		d. STREET ADDRESS	
d. NAME OF HOSPITAL (If not in hospital, give street address or institution) <i>Cambridge Maryland</i>						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Alfred</i>		First	Middle	Lost/Hurtey	4. DATE OF DEATH Month Day Year <i>4/15 1960</i>		
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>	7. MARRIED NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>1/29/1898</i>	9. AGE (In years last birthday) <i>62</i>	10. IF UNDER 1 YEAR Months Days Hours Min	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>Robert N. Shirley</i>		14. MOTHER'S MAIDEN NAME <i>Augusta Shirley</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>200.</i>		16. SOCIAL SECURITY NO (If yes, give war or dates of service) <i>111-11-1111</i>		17. INFORMANT <i>Mrs Goldsborough Shirley, Vienna, Md.</i>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Lymphosarcoma, generalized</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c)	
						INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II at item 18)		21. I certify that I attended the deceased from <i>May 16, 1959</i> to <i>Apr. 14, 1960</i> that I last saw the deceased alive on <i>Apr. 14, 1960</i> , and that death occurred at <i>110 M.</i> from the causes and on the date stated above. ACTUAL SIGNATURE <i>Lewis M. Burdette M.D.</i> PHYSICIAN'S NAME (Type) <i>Lewis M. Burdette Cambridge, Md.</i>	
22. BURIAL CREMATION, REMOVAL (Specify) <i>Burial 4/17/60</i>		22b. DATE THEREOF <i>4/17/60</i>		22c. NAME OF CEMETERY OR CREMATORIAL <i>Frederick</i>		22d. LOCATION (City, town, or county) <i>Vienna Md</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>Edith Hollingshead, Eastview Market</i>		ADDRESS		24a. REC'D BY REGISTRAR DATE <i>APR 22 '60</i>		24b. REGISTRAR'S SIGNATURE <i>Arthur S. Hines</i>	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4508

CERTIFICATE OF DEATH

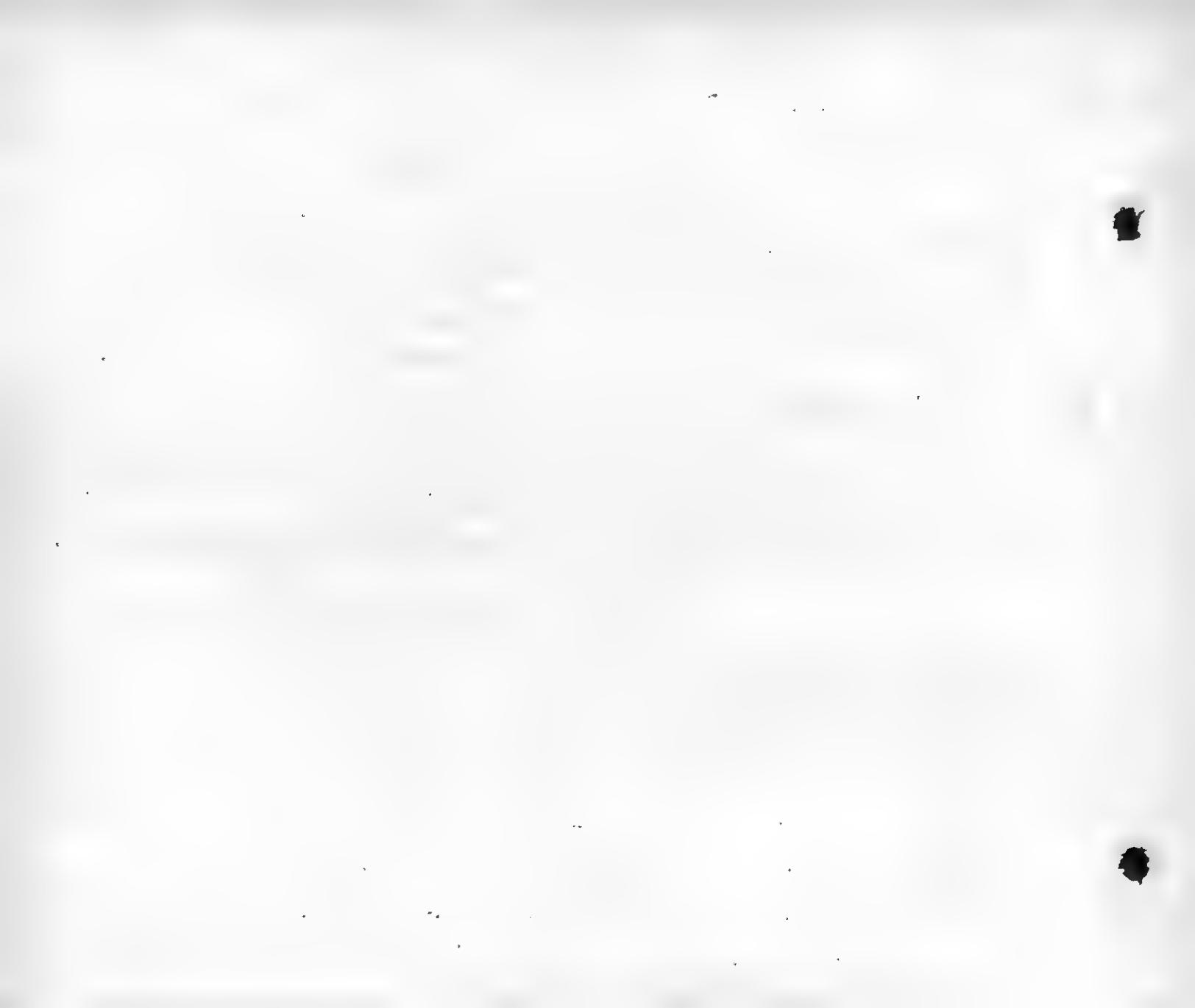
64465

Reg. Dist. No.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be signed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled out, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Dorchester		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge		c. LENGTH OF STAY IN 1b entire life		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland		b. COUNTY Dorchester			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Cambridge-Maryland Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge		d. STREET ADDRESS 9 Cemetery Ave.,		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First Daniel		Middle James		Last Hurley		4. DATE OF DEATH April 8, 1960	Month April	Day 8	Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 25, 1875		9. AGE (in years last birthday) 84 yrs	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer & Waterman		11. BIRTHPLACE (State or foreign country) Dorchester County			
12. CITIZEN OF WHAT COUNTRY? U.S.											
13. FATHER'S NAME James Hurley		14. MOTHER'S MAIDEN NAME Jane Hurley		15. INFORMANT Norman Hurley, Appleby Ave., Cambridge, Md.		Address					
16. SOCIAL SECURITY NO No		17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 222X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (b) DUE TO (c)		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Cerebral Thrombosis Generalized Arteriosclerosis 20 yrs		INTERVAL BETWEEN ONSET AND DEATH 4 days					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>											
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)			
21. I certify that I attended the deceased from 4/4/60 to 4/8/60, that I last saw the deceased alive on 4/8/60, and that death occurred at 11:40 A.M. from the causes and on the date stated above.		ADDRESS (Street, city or town, state) 136 Race St		DATE SIGNED							
ACTUAL SIGNATURE Lawrence Maryanov		PHYSICIAN'S NAME (Type) Lawrence Maryanov		22a. BURIAL, CREMATION, REMOVAL (Specify) Apr. 10, 1960		22b. DATE THEREOF Apr. 10, 1960		22c. NAME OF CEMETERY OR CREMATORIUM East New Market Cemetery		22d. LOCATION (City, town, or county) (State) East New Market, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE Kenneth X. Howard		ADDRESS Cambridge, Md.		24a. REC'D BY REGISTRAR DATE APR 11 '60		24b. REGISTRAR'S SIGNATURE C. Lewis & Thomas					



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4509

CERTIFICATE OF DEATH

Reg. Dist. No. 14468

1. PLACE OF DEATH a. COUNTY Dorchester		MARYLAND		2. USUAL RESIDENCE (Where deceased lived if institution, Residence before admission) a. STATE Maryland		b. COUNTY Dorchester				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge		c. LENGTH OF STAY IN lb Life		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Cambridge						
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Cambridge Maryland Hospital				d. STREET ADDRESS 163 Washington Street		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) Isaac		First	Middle	Last	4. DATE OF DEATH Jackson	Month April	Day 20	Year 1960		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 6, 1875	9. AGE (In years last birthday) 84 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gardener		10b. KIND OF BUSINESS OR INDUSTRY Gardening		11. BIRTHPLACE (State or foreign country) Dorchester County, Md.		12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Thomas Jackson				14. MOTHER'S MAIDEN NAME Mary Nichols						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Julian Jackson, Philadelphia, Pa.		Address				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cerebral Vascular Accident DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause first. (b) Arteriosclerotic heart disease DUE TO (c)										INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)								
20c. TIME OF INJURY Hour p. m.	Month 19	Doy	Year	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) M.D.	(County)	(State)		
21. I certify that I attended the deceased from April 10, 1960, to April 20, 1960, that I last saw the deceased alive on April 20, 1960, and that death occurred at M, from the causes and on the date stated above. ACTUAL SIGNATURE <i>J. Edwin Fassett</i> ADDRESS (Street, city or town, state) M.D. 227 Line St—Cambridge, Md. DATE SIGNED 4-23-60										
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 4/25/1960		22c. NAME OF CEMETERY OR CREMATORIUM Waugh Cemetery		22d. LOCATION (City, town, or county) Cambridge, Maryland		(State)		
23. FUNERAL DIRECTOR'S SIGNATURE <i>Markel McCall Jr.</i>		ADDRESS Cambridge, Md.		24a. REC'D BY REGISTRAR MAY 2 60		24b. REGISTRAR'S SIGNATURE <i>Charles S. Kraus</i>				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be filed with
the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.
Page 3 should be attached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 & 2 should be filed with

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4510

CERTIFICATE OF DEATH

6468

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Dorchester		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town Cambridge		c. LENGTH OF STAY IN lb Life	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 415 Pine Street		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge	
3. NAME OF DECEASED (Type or print) Elizabeth Hilliday Jones		d. STREET ADDRESS 415 Pine Street	
4. DATE OF DEATH April 18, 1960		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
5. SEX Female		6. COLOR OR RACE Negro	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH June 9, 1906	
9. AGE (In years last birthday) 53 yrs		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (State or foreign country) Dorchester County, Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Isaac Coston		14. MOTHER'S MAIDEN NAME Mary L. Waters	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) No		16. SOCIAL SECURITY NO. ____-____-____	
17. INFORMANT Clarence Jones, Cambridge, Md.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Heart Disease 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Hypertension			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from June 10, 1959 , to April 18, 1960 , that I last saw the deceased alive on April 18, 1960 , and that death occurred at 2 A.M. , from the causes and on the date stated above.			
ACTUAL SIGNATURE <i>J. Edwin Fassett</i>		ADDRESS (Street, city or town, state) 227 Pine St—Cambridge, Md. DATE SIGNED 4-21-50	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial			
22b. DATE THEREOF 4/22/1960		22c. NAME OF CEMETERY OR CREMATORIAL Madison Cemetery	
22d. LOCATION (City, town, or county) Madison, Maryland		(State)	
23. FUNERAL DIRECTOR'S SIGNATURE <i>Herbert H. St. George</i>			
ADDRESS Cambridge, Md.		24a. REC'D BY REGISTRAR AB 25 '60	
		24b. REGISTRAR'S SIGNATURE <i>Carroll S. Kraus</i>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 & 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4511

CERTIFICATE OF DEATH

64471

Reg. Dist. No.

1. PLACE OF DEATH
 a. COUNTY

Dorchester Co.

MARYLAND

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Cambridge, Maryland

c. LENGTH OF STAY IN 1b
 RURAL and give nearest town)

Life

d. NAME OF HOSPITAL (If not in hospital, give street address)
 OR INSTITUTION

12th Locust St.

2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission)

a. STATE

Maryland

b. COUNTY

Dorchester Co.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Cambridge, Maryland

d. STREET ADDRESS

125 Locust St.

e. IS RESIDENCE
 ON A FARM?

YES NO

3. NAME OF
 DECEASED
 (Type or print)

First
 William

Middle
 R. Lewis Sr.

Last
 Lewis

4. DATE
 OF
 DEATH

Month
 4

Day
 16
 Year
 1960

5. SEX

6. COLOR OR RACE

Male White

7. MARRIED NEVER MARRIED

WIDOWED DIVORCED

8. DATE OF BIRTH

3/21/1867

9. AGE (In years
 last birthday)

93 yrs

10. IF UNDER 1 YEAR

Months Days

11. IF UNDER 24 HRS

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
 during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

Waterman

Waterman

Dorchester Co., Maryland

U.S.A.

13. FATHER'S NAME

Richard Lewis

14. MOTHER'S MAIDEN NAME

Mary Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
 (Yes, no, or unknown)
 (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

No

INFORMANT

Address

Mrs Mace Tolley, Cambridge, Maryland

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a)

122.

DUE TO

Conditions, if any, which
 gave rise to immediate
 cause (a), stating the under-
 lying cause last

(b)

DUE TO

(c)

Medullary Paralysis, progres 2 m/s

Arterio-sclerotic CVD.

Arterio-sclerotic, Gen

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

arterio-sclerotic Gregoire, etc.

INTERVAL BETWEEN
 ONSET AND DEATH

?

?

?

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
 (If either, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)

20c. PLACE OF INJURY (Home, farm,
 factory, street, office bldg., etc.)

20f. (City or town)

(County)

(State)

20c. TIME OF INJURY Month, Day, Year
 Hour a. m. 19
 p. m.

20d. INJURY OCCURRED
 While Not while
 at work at work

20e. PLACE OF INJURY (Home, farm,
 factory, street, office bldg., etc.)

20f. (City or town)

(County)

(State)

21. I certify that I attended the deceased from _____, 1955, to _____, 1960, that I last saw the deceased
 alive on _____, 1960, and that death occurred at _____, M, from the causes and on the date stated above

ADDRESS (Street, city or town, state)

DATE SIGNED

ACTUAL
 SIGNATURE

PHYSICIAN'S
 NAME (Type)

James H. Thompson, M.D.

James H. Thompson

Cambridge, Md April 8, 1960

22a. BURIAL, CREMATION, REMOVAL (Specify)

22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORI

22d. LOCATION (City, town, or county)

(State)

Burial

4/18/1960.

Dorchester Memorial Park.

Cambridge,

Maryland

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

24a. REC'D BY REGISTRAR

APR 20 '60

24b. REGISTRAR'S SIGNATURE

Arthur S. Kraus

لهم إني أسألك ملائكة السموات السبع
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1
FOR STATE
HEALTH DEPT.

M

4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial/transit permit. File Pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

I

4 should be executed within 24 hours after death. If a copy is necessary, please write the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page

4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial/transit permit. File Pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

12 09

TO DEPT. OF MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a copy is necessary, please write the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page

4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial/transit permit. File Pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME
SM 7/59

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

4512

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

64473

1. PLACE OF DEATH

a. COUNTY

Dorchester

MARYLAND

c. LENGTH OF STAY IN 1b

15 yrs

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Cambridge

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

Cambridge Maryland Hospital

Fst

Midd

3. NAME OF
DECEASED
(Type or print)

Mary Edna Lloyd Mallalieu

4. SEX

6. COLOR OR RACE

F

W

W DOWED

DIVORCED

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

own home

13. FATHER'S NAME

William M. Lloyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give rank and date of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

J. Clifton Mallalieu Jr., RFD # 3, Cambridge

Md.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

DUE TO

Conditions, if any, which
gave rise to immediate cause
(a), stating the underlying
cause last.

(b)

DUE TO

(c)

Uremia

(Acute exacerbation
Kimmelstiel-Wilson's Disease)

INTERVAL BETWEEN
ONSET AND DEATH
5 days

8-10 days

Intracapsular fracture of neck of left femur

25 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.

19. WAS AUTOPSY
PERFORMED?

YES NO

Diabetes Mellitus

20a. EXTERNAL CAUSE WAS
PRIMARY or CONTRIBUTING
CAUSE OF DEATH.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

Deceased fell at home on 3-21-60

20d. PLACE OF INJURY (Home, farm, 20f. (City or town)

factory street, office bldg., etc.) (County) (State)

20c. TIME OF INJURY
Hour 6:00

3-21-60

2d. INJURY OCCURRED
While Not While
at work at work

20e. PLACE OF INJURY (Home, farm, 20f. (City or town)

factory street, office bldg., etc.) (County) (State)

Home

Cambridge Dorchester Md.

21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner

ACTUAL
SIGNATURE

Eldridge H. Wolff

EXAMINER'S
NAME (Type)

Eldridge H. Wolff, M.D.

22a. BURIAL, CREMATION,
REMOVAL (Specify)

22b. DATE THEREOF

4-18-60

22c. NAME OF CEMETERY OR CREMATORIUM

Greenfield Cemetery

ADDRESS

Fairchild Funeral Chapel, Garden City, N.Y.

CHIEF MEDICAL EXAMINER

M.D. ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

Address (Street, city, town, or county)

22d. LOCATION (City, town, or county)

Hempstead, Long Island, N.Y.

DATE REC'D BY REGISTRAR

APR 20 '60

24b. REGISTRAR'S SIGNATURE

DATE SIGNED

4-16-60

15 Locust Street
Cambridge, Maryland

(State)

Arthur S. Kraus



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4524

CERTIFICATE OF DEATH

Reg. No. 1425
Disk No.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be signed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be filed with Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Dorchester		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg - Rural		c. LENGTH OF STAY IN 1b 10 months	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Eldorado Road		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rhodesdale - Rural	
3. NAME OF DECEASED (Type or print) First Dora Middle Ellen Last Milligan		d. STREET ADDRESS Brookview	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4. DATE OF DEATH Month April 24 Day Year 19 60	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 6, 1879
9. AGE (In years last birthday) 80 yrs		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (State or Foreign country) Dorchester Co., Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Marvel Lowe		14. MOTHER'S MAIDEN NAME Rebecca Jones	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown	
17. EMPLOYMENT Roger S. Milligan, Rhodesdale, Md., R.F.D.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hydrocephalus</i> DUE TO 101X Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 34 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) <i>Cardiac Valvular Disease</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <i>April 23, 1960</i> , to <i>April 24, 1960</i> , that I last saw the deceased alive and <i>April 23, 1960</i> , and that death occurred at <i>3:35 PM</i> , from the causes and on the date stated above.		ADDRESS (Street, city or town, state) <i>25 Sharpstown Rd</i> DATE SIGNED <i>4/26/60</i>	
ACTUAL SIGNATURE <i>H.S. Kuhman</i>		22d. LOCATION (City, town, or county) Brookview, Maryland (State)	
PHYSICIAN'S NAME (Type) <i>H.S. Kuhman</i>		22e. NAME OF CEMETERY OR CREMATORIUM Brookview Cemetery	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF April 26, 1960	
23. FUNERAL DIRECTOR'S SIGNATURE J.J. Frampton and Son, Federalsburg, Maryland		24a. REC'D BY REGISTRAR APR 29 '60	
		24b. REGISTRAR'S SIGNATURE <i>John J. Frampton</i>	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4513

CERTIFICATE OF DEATH

4476

Reg. Dist. No.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be signed by the hospital or attending physician and completely filled in by the funeral director. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1-2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Dorchester		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland		b. COUNTY Dorchester	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town Cambridge		c. LENGTH OF STAY IN 1b Life		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Maryland Cambridge		d. STREET ADDRESS 313 High Street	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 313 High Street				d. STREET ADDRESS 313 High Street		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First Henry	Middle Winfield	Last Molock	4. DATE OF DEATH April 23, 1960	Month April	Day 23	Year 1960
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH April 3, 1890	9. AGE (In years last birthday) 70 yrs	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Laborer		11. BIRTHPLACE (State or foreign country) Dorchester County, Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Winfield Molock		14. MOTHER'S MAIDEN NAME Sadonia Pritchett				Address	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 214-07-7946		17. INFORMANT Nora Molock, Cambridge, Maryland		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Coronary Heart Disease DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO (c)	
						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Diabetes Mellitus						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Diabetes Mellitus		20c. TIME OF INJURY Month, Day, Year Hour o. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
				20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Sept 25, 1953, to April 23, 1960, that I last saw the deceased alive on April 23, 1960, and that death occurred at 10 p.m. from the causes and on the date stated above. ACTUAL SIGNATURE <i>J. Edwin Fassett</i>						ADDRESS (Street, city or town, state) 227 Pine St. Cambridge, Md. 4-25-60.	
						DATE SIGNED	
PHYSICIAN'S NAME (Type) J. Edwin Fassett, M.D.							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 4/28/1960		22c. NAME OF CEMETERY OR CREMATORIAL Waugh Cemetery		22d. LOCATION (City, town, or county) Cambridge, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE <i>Robert M. Bellamy</i>		ADDRESS Cambridge, Md.		24a. REC'D BY REGISTRAR MAY 2 '60		24b. REGISTRAR'S SIGNATURE C. L. Thomas	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4514

CERTIFICATE OF DEATH

14477

Reg. Dist. No.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death
 may be signed by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in,
 Page 3 should be detached for use in the burial-transit permit. Then please remove carbon papers. Pages 4 and 5 should be filed with
 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Dorchester		MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE Maryland		b. COUNTY Dorchester					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge		c. LENGTH OF STAY IN 1b 3 Days		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge							
d. NAME OF HOSPITAL (If not in hospital, give street address) Cambridge Maryland Hosp.				d. STREET ADDRESS 117 High Street		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) Estelle		First Estelle	Middle Dawson	Na. N	last Nathan	4. DATE OF DEATH April 29, 1960	Month Month	Day Day	Year Year		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 2, 1887	9. AGE (In years last birthday) yrs 72	10. IF UNDER 1 YEAR Months Months	11. IF UNDER 24 HRS Days Days	12. IF UNDER 24 HRS Hours Hours	13. IF UNDER 24 HRS Min Min			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U S A					
13. FATHER'S NAME Henry Dawson				14. MOTHER'S MAIDEN NAME Mary Ellen Dawson							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Nes		16. SOCIAL SECURITY NO (If yes, give war or dates of service) WW 1		INFORMANT Hospital Records		Address Cambridge Maryland					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]											
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Antero-lateral myocardial infarction											
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last											
b) Pulmonary infarct, left base											
DUE TO c) Coronary sclerosis											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)											
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1b.)									
20c. TIME OF INJURY Hour a. m. -- p. m. --		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---		20f. (City or town) ---		(County) ---		(State) ---	
21. I certify that I attended the deceased from 3-26-60 , 19 19 , to 4-29-60 , 19 19 , that I last saw the deceased alive on 4-29-60 , 19 19 , and that death occurred at 2:35 A M , from the causes and on the date stated above.											
ADDRESS (Street, city or town, state) 15 Locust Street, Cambridge, Md.										DATE SIGNED 4-30-60	
ACTUAL SIGNATURE Eldridge H. Wolff											
PHYSICIAN'S NAME (Type) Eldridge H. Wolff, M.D.											
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF May 2, 1960		22c. NAME OF CEMETERY OR CREMATORIUM Christ Church Cemetery		22d. LOCATION (City, town, or county) Cambridge Maryland		(State) ---			
23. FUNERAL DIRECTOR'S SIGNATURE Le Compte Funeral Service Cambridge Maryland											
ADDRESS Le Compte Funeral Service Cambridge Maryland					24a. REC'D BY REGISTRAR DATE MAY 5 1960						
					24b. REGISTRAR'S SIGNATURE Arthur S. Thomas						



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05710

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH

a. COUNTY

Dorchester -

MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)

a. STATE

Maryland

b. COUNTY

Dorchester

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

RFD #2 Cambridge, MD

c. LENGTH OF STAY IN 1b

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

RFD #2 - Aireys Maryland

d. NAME OF HOSPITAL (If not in hospital, give street address)

OR INSTITUTION

Cambridge Maryland Hospital

d. STREET ADDRESS

Aurora Street

e. IS RESIDENCE

ON A FARM?

YES NO

3. NAME OF

(Type or print)

First

Middle

Last

4. DATE
OF
DEATH

Month

Day

Year

5. SEX

M/F

6. COLOR OR RACE

Colored

7. MARRIED NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH

9. AGE (In years
lost birthday)

April 30th

1960

— yrs.

10. IF UNDER 1 YEAR IF UNDER 24 HRS.

Months

Days

Hours

Min.

3 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

AMERICA

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

IS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or date of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Catherine Perry (Mother) RFD #2 Cambridge, MD

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)7/16
Conditions, if any, which
gave rise to immediate
cause (a), stating the under-
lying cause last.

DUE TO

(b)

DUE TO

(c)

INTERVAL BETWEEN
ONSET AND DEATH19. WAS AUTOPSY
PERFORMED?YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)20c. TIME OF INJURY
Hour o.m.
p.m.20b. INJURY OCCURRED
While at work Not while at work

20d. INJURY OCCURRED

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town)

(County) (State)

20f. (City or town)

(County) (State)

(County) (State)

20f. (City or town)

(County) (State)

(County) (State)

21. I certify that I attended the deceased from 4/30, 1960, to 4/30, 1960, that I last saw the deceased alive on 4/30, 1960, and that death occurred at 5:20 P.M. from the causes and on the date stated above.

ADDRESS (Street, city or town, state)

ACTUAL SIGNATURE

DATE SIGNED

PHYSICIAN'S NAME (Type)

104 Locust St

Cambridge, MD

5/1/60

Burial

5-2-60

Airey Cem.

22a. BURIAL, CREMATION, REMOVAL (Specify)

22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORIAL

22d. LOCATION (City, town, or county) (State)

Airey's Maryland

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

Olivia P. Corinsh

8 June

(Attending) Mrs. Jonathan Perry (Grandmother)

VS A15 (4X)
15M 9/56



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4516

CERTIFICATE OF DEATH

4468

Reg. Dist. No.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be referred by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be filed with Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1, 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Dorchester		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland		b. COUNTY Dorchester		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge		c. LENGTH OF STAY IN lb Life		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Cambridge				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Cambridge Maryland Hospital		d. STREET ADDRESS RFD # 3		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) Daniel Webster Richardson		First	Middle	Last	4. DATE OF DEATH April 13, 1960	Month	Day	Year
5. SEX Male		6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH July 27, 1894	9. AGE (In years lost birthday) 65 yrs.	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman		10b. KIND OF BUSINESS OR INDUSTRY Oystering		11. BIRTHPLACE (State or foreign country) Dorchester County, Md.		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Joseph Richardson		14. MOTHER'S MAIDEN NAME Lydia Warfield						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT William Richardson, RFD 3, Cambridge, Md.		Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Renal Disease 442X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>								
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town)	(County)	(State)	
21. I certify that I attended the deceased from alive on April 13, 1960, and that death occurred at ACTUAL SIGNATURE J. Edwin Fassett, M.D.		March 26, 1960, to April 13, 1960, that I last saw the deceased M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) 227 Pine St-Cambridge, Md. DATE SIGNED 4-16-60						
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 4/16/1960	22c. NAME OF CEMETERY OR CREMATORIAL Beckwith Cemetery		22d. LOCATION (City, town, or county) Dorchester County, Md. (State)			
23. FUNERAL DIRECTOR'S SIGNATURE Herber & McCalla		ADDRESS Cambridge, Md.		24a. REC'D BY REGISTRAR DATE APR 25 '60		24b. REGISTRAR'S SIGNATURE Charles S. Kraus		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4517

CERTIFICATE OF DEATH

14479
Reg. Dth. No.

M

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be signed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 & 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Dorchester		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland		b. COUNTY Dorchester	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge		c. LENGTH OF STAY IN b 6 Weeks		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Robbins		d. STREET ADDRESS	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Stone Boundry Rd.						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Stella		First	Middle	Last	4. DATE OF DEATH Robbins	Month April	Doy 10, 1960
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October 28, 1904	9. AGE (In years lost birthday) 55 yrs	10. IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	11. IF UNDER 24 HRS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Adam Richard J. Robbins				14. MOTHER'S MAIDEN NAME Ada Taylor			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 211-07-7231		17. INFORMANT Mrs Claude Truax		Address Cambridge Maryland	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Neoplastic carcinoma</i>							
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (b) <i>Carcinoma of left breast</i>							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> at work Not while <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 10-20-58 , 19 19 , to 4-10-60 , 19 19 , that I last saw the deceased alive on 4-5-60 , 19 19 , and that death occurred at 6 P.M. from the causes and on the date stated above. ACTUAL SIGNATURE <i>Albert E. Bunker</i> M.D. 200 Maryland Avenue PHYSICIAN'S NAME (Type) Albert E. Bunker, M. D. Cambridge, Maryland		ADDRESS (Street, city or town, state) 4-12-60					
22a. BURIAL, CREMATION, (Specify) Burial		22b. DATE THEREOF April 12, 1960		22c. NAME OF CEMETERY OR CREMATORIAL Greenlawn Cemetery		22d. LOCATION (City, town, or county) Cambridge Maryland (State)	
23. FUNERAL DIRECTOR'S SIGNATURE Le Compte Funeral Service		ADDRESS Cambridge Maryland		24a. REC'D BY REGISTRAR DATE APR 12 '60		24b. REGISTRAR'S SIGNATURE <i>Calvin S. Knapp</i>	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

64480

4518

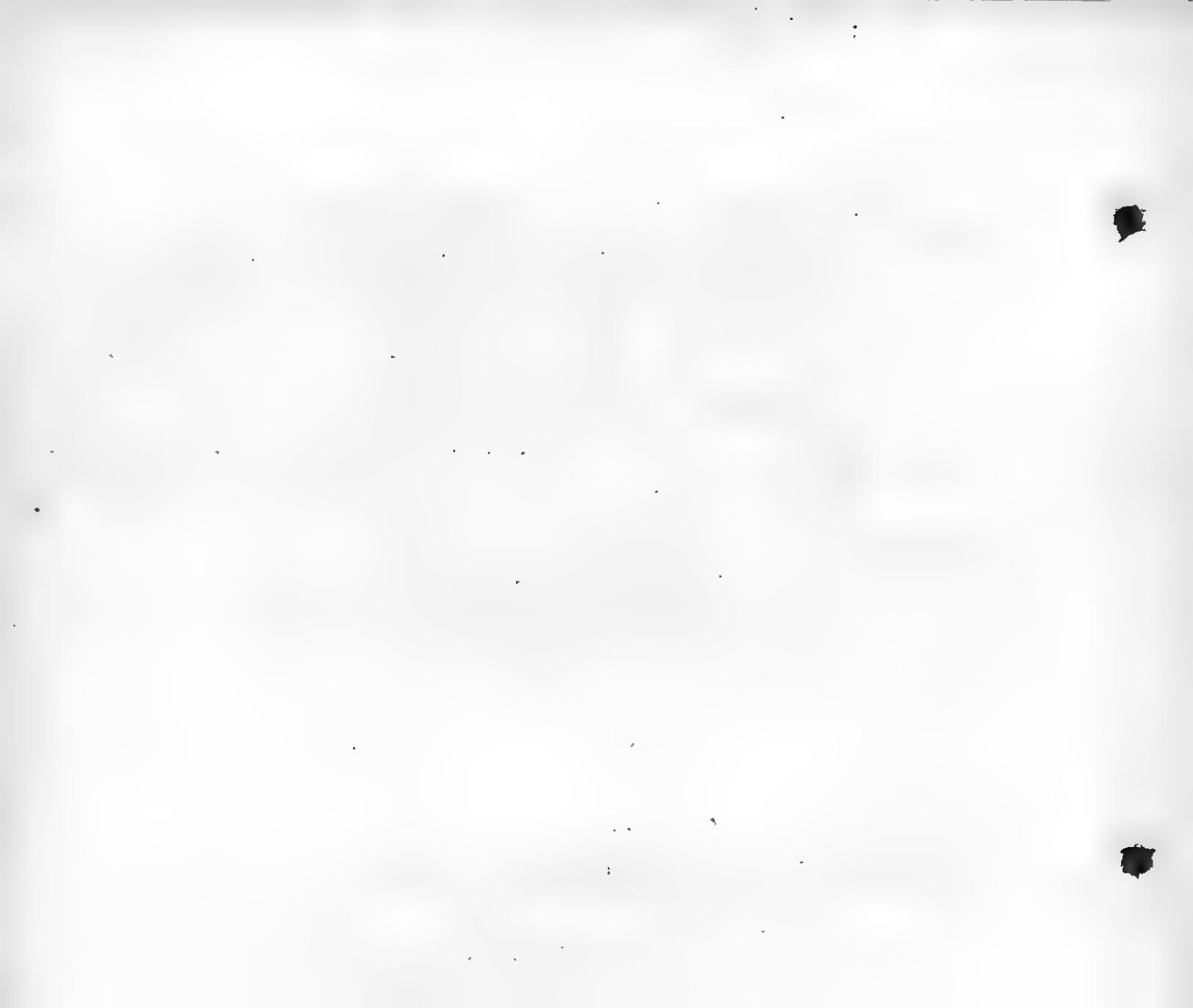
CERTIFICATE OF DEATH

Reg. Dist. No.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be signed by the hospital or attending physician and completely filled in by the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 24 hours after death.

1. PLACE OF DEATH a. COUNTY Dorchester		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge		c. LENGTH OF STAY IN 1b 20 years		2. USUAL RESIDENCE (Where deceased lived if institutional Residence before admission) a. STATE Maryland		b. COUNTY Dorchester	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 2 Light Street						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Cambridge			
						d. STREET ADDRESS 2 Light Street		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Levina		First	Middle	Last	4. DATE OF DEATH Apr. 26, 1960	Month	Day	Year	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH June 17, 1884	9. AGE (In years last birthday) yrs. 75	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS Days	Hours	Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Cambridge		12. CITIZEN OF WHAT COUNTRY? U.S.			
13. FATHER'S NAME John L. Green				14. MOTHER'S MAIDEN NAME Julia Horner					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		INFORMANT Mrs. V. Howard Dail, 2 Light St., Cambridge, Md.		Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]						INTERVAL BETWEEN ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.		Coronary Insufficiency				30 days			
{ (b) DUE TO		Coronary Heart Disease				1 yr			
{ (c) DUE TO		Hypertensive Heart Disease.				6 yr			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		Carcinoma of stomach				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> At work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town)		(County) (State)	
21. I certify that I attended the deceased from 4/22, 1960, to 4/26, 1960, that I last saw the deceased alive on 4/26, 1960, and that death occurred at 10:00M, from the causes and on the date stated above.						ADDRESS (Street, city or town, state) 136 Race St		DATE SIGNED 4/26/60	
ACTUAL SIGNATURE Lawrence Maryanov									
PHYSICIAN'S NAME (Type) Lawrence Maryanov									
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Apr. 28, 1960		22c. NAME OF CEMETERY OR CREMATORIAL ADDRESS Cambridge Cemetery Cambridge, Md.		22d. LOCATION (City, town, or county) Cambridge, Md.		(State)	
23. FUNERAL DIRECTOR'S SIGNATURE Lawrence L. Stevens						24a. REC'D BY REGISTRAR MAY 2 '60		24b. REGISTRAR'S SIGNATURE Cathleen S. Krause	
						DATE			



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4519

CERTIFICATE OF DEATH

4463
Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Dorchester		MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. STATE Maryland		b. COUNTY Dorchester		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town Cambridge		c. LENGTH OF STAY IN 1b Life		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Church Creek				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Cambridge Maryland Hospital		d. STREET ADDRESS /		d. STREET ADDRESS /		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)	First Thomas	Middle Henry	Last Ross	4. DATE OF DEATH April 15, 1960	Month April	Day 15	Year 1960	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH June 17, 1867	9. AGE (In years last birthday) 193/92	11. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmhand		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Dorchester Co., Md.		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Isaac Ross		14. MOTHER'S MAIDEN NAME Rosie Dixon						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Ida Ross, Church Creek, Maryland		Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 41.0 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) Arteriosclerotic heart disease DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 20. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour o.m. p.m.		Month 19	Day	20d. INJURY OCCURRED White at work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) M.D.	(County)	(State)
21. I certify that I attended the deceased from <u>March 1, 1960</u> , to <u>April 15, 1960</u> , that I last saw the deceased alive on <u>April 15, 1960</u> , and that death occurred at <u>M.</u> from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE <i>J. Edwin Fassett</i>								
DATE SIGNED 4-19-60								
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 4/20/1960	22c. NAME OF CEMETERY OR CEMETORY Old Field Cemetery		22d. LOCATION (City, town, or county) Dorchester County, Md.			
23. FUNERAL DIRECTOR'S SIGNATURE <i>Robert M. Clark</i>		ADDRESS Cambridge, Md.	24a. REC'D BY REGISTRAR D 25 '60		24b. REGISTRAR'S SIGNATURE Arthur S. Kress			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be filed with
the registrar prior to burial, cremation, or removal, and in any event within 24 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4525

CERTIFICATE OF DEATH

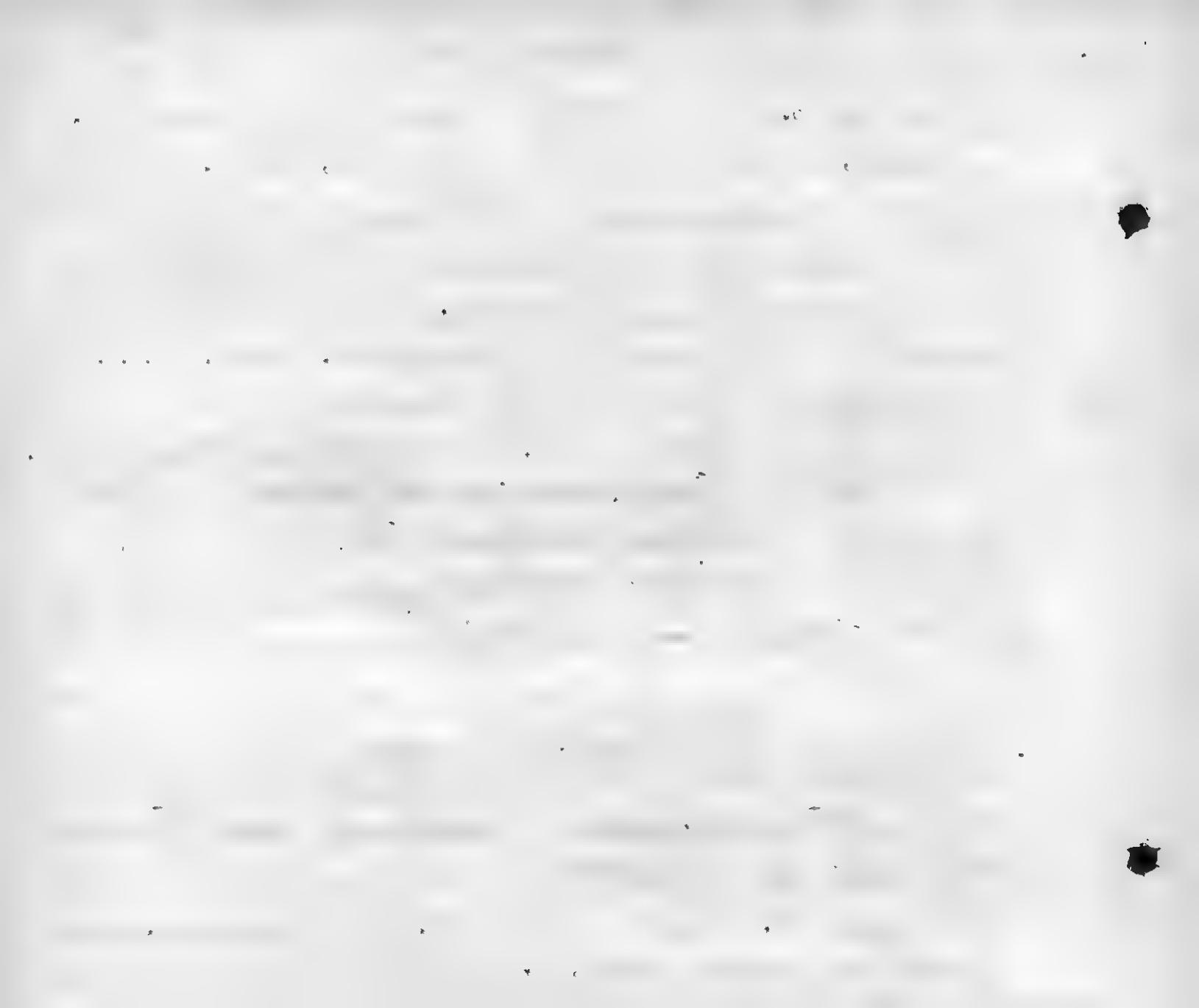
v4482

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Dorchester Co.</u>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Maryland</u>		b. COUNTY <u>Dorchester Co.</u>						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Linkwood, Maryland</u>		c. LENGTH OF STAY IN lb <u>2 Years</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Hoopersville, Maryland.</u>		d. STREET ADDRESS <u>None</u>						
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>None</u>				d. STREET ADDRESS <u>None</u>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) <u>Henry Washington Ruark</u>		First	Middle	Last	4. DATE OF DEATH <u>4 5 1960</u>	Month	Day	Year				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>8/3/1871</u>	9. AGE (In years last birthday) <u>88</u>	10. IF UNDER 1 YEAR Months <u>0</u>	11. IF UNDER 24 HRS Days <u>0</u>	Hours <u>0</u>	Min. <u>0</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Waterman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Waterman</u>		11. BIRTHPLACE (State or foreign country) <u>Dorchester, Co. Maryland.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>						
13. FATHER'S NAME <u>Henry Ruark</u>				14. MOTHER'S MAIDEN NAME <u>Rebecca Simmons</u>		Address						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT <u>Mr. Chandos Rippens, Hoopersville, Maryland.</u>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) <u>Congestive heart failure</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (b) <u>Arterio-scleral CVD</u> DUE TO (c) <u>Arterio-scleral gen.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>												
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) <u>Cerebral thrombosis multiple</u>												
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u>					20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>Mar 20, 19</u> to <u>Apr 5, 1960</u> that I last saw the deceased alive on <u>Apr 3, 1960</u> , and that death occurred at <u>M</u> , from the causes and on the date stated above.									ADDRESS (Street, city or town, state)		DATE SIGNED	
ACTUAL SIGNATURE <u>J. U. Thompson</u>		M.D.		22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>					22b. DATE THEREOF <u>4/7/1960</u>	22c. NAME OF CEMETERY OR CREMATORIAL <u>Dorchester Memorial Park.</u>	22d. LOCATION (City, town, or county) <u>Cambridge, Maryland.</u>	(State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Le Compte Funeral Service, Cambridge, Md.</u>				24a. REC'D BY REGISTRAR DATE <u>APR 8 '60</u>		24b. REGISTRAR'S SIGNATURE <u>Arthur S. Thane</u>						

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death Page 4

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, page 3 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4520

CERTIFICATE OF DEATH

04484

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Dorchester		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Dorchester		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge		c. LENGTH OF STAY IN 1b Life		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 3 Dobson Street		d. STREET ADDRESS Cambridge, Maryland		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Cambridge Maryland Hospital				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) Helen Layton		First	Middle	Lost	4. DATE OF DEATH Wilson	Month	Day	Year
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb 18, 1899	9. AGE (In years last birthday) 61 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Dorchester County, Md.		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME John Collins				14. MOTHER'S MAIDEN NAME Frances Elliott		Address		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT William Layton, Cambridge, Md.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) 420.1 DUE TO Coronary Heart Disease		
Conditions, if any, which goes rise to immediate cause (a), stating the under- lying cause last. b.		(b)		(c)		INTERVAL BETWEEN ONSET AND DEATH		
DUE TO								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Diabetes Mellitus						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)		
21. I certify that I attended the deceased from Sept 1, 1959 , to April 18, 1960 , that I last saw the deceased alive on April 18, 1960 , and that death occurred at M. from the causes and on the date stated above. ACTUAL SIGNATURE <i>J. Edwin Fassett</i>						ADDRESS (Street, city or town, state) 227 Pine St—Cambridge, Md.		DATE SIGNED 4-21-60
PHYSICIAN'S NAME (Type) J. Edwin Fassett, M.D.								
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 4/24/1960		22c. NAME OF CEMETERY OR CREMATORIAL Bethel Cemetery		22d. LOCATION (City, town, or county) Cambridge, Maryland		(State)
23. FUNERAL DIRECTOR'S SIGNATURE <i>Herb J. S. Fassett</i>		ADDRESS Cambridge, Md.		24a. REC'D BY REGISTRAR DATE APR 25 '60		24b. REGISTRAR'S SIGNATURE Charles S. Knott		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
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3

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4521

CERTIFICATE OF DEATH

64485
Reg. Dist. No.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. Page 4 may be signed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it may be filed with page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY DORCHESTER		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND		b. COUNTY DORCHESTER						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CAMBRIDGE		c. LENGTH OF STAY IN lb		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X RHODESDALE - RURAL		d. STREET ADDRESS 1						
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION CAMBRIDGE - MARYLAND HOSPITAL				d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print)		First WILLIE	Middle FRANCIS	Last WONGUS	4. DATE OF DEATH APRIL 2 1960	Month APRIL	Day 2	Year 1960				
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH DEC. 15, 1897	9. AGE (In years last birthday) 67 yrs.	10. IF UNDER 1 YEAR Months 6	11. IF UNDER 24 HRS. Days 0	Hours 0	Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DAY LABORER		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (State or foreign country) DORCHESTER CO. MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.						
13. FATHER'S NAME FRANK WONGUS		14. MOTHER'S MAIDEN NAME MINNIE HACKETT										
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 218-20-5917		INFORMANT ISABELLE WONGUS - RHODESDALE, MD, R.F.D.		Address						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c): PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 592 X		DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b)		CORONARY EMBOLUS		INTERVAL BETWEEN ONSET AND DEATH 10 MIN.						
DUE TO cause (a), stating the under- lying cause last. (c)		ARTERIO SCLEROTIC HT. DISEASE		UNKNOWN								
CHRONIC NEPHRITIS		UNKNOWN										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)										
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)						
21. I certify that I attended the deceased from 3/8 , 1960, to 4/2 , 1960, that I last saw the deceased alive on 4/2 , 1960, and that death occurred at 10:10 AM , from the causes and on the date stated above.				ADDRESS (Street, city or town, state) 136 RACE ST					DATE SIGNED 4/5/60			
ACTUAL SIGNATURE <i>Alfred R. Maryanov</i>		22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		22b. DATE THEREOF APRIL 5, 1960		22c. NAME OF CEMETERY OR CREMATORIUM RHODESDALE CEMETERY		22d. LOCATION (City, town, or county) RHODESDALE, MARYLAND			(State)	
23. FUNERAL DIRECTOR'S SIGNATURE J.J. FRAMPTON AND SON, FEDERALSBURG, MD.		ADDRESS		24a. REC'D BY REGISTRAR DATE APR 8 '60		24b. REGISTRAR'S SIGNATURE Arthur S. Krause						

